

# 2014 GROUP RETIREE: TUFTS MEDICARE PREFERRED Supplement Plan Highlights

TUFTS  Health Plan  
Medicare Preferred

## ELIGIBILITY AND ENROLLMENT

To be eligible for retiree products, members must be entitled to Medicare Part A and enrolled in Part B. Members must continue to pay their Medicare Part B premiums if they are not otherwise paid for under Medicaid or by another third party. All groups renew January 1 except for those grandfathered otherwise.

Tufts Medicare Preferred Supplement members can live anywhere in the United States. In order to be covered (except in emergencies), members must see providers that accept Medicare.

## PRESCRIPTION DRUG COVERAGE

In order to avoid a late enrollment premium penalty, you must elect a Medicare prescription drug plan or have creditable prescription drug coverage through your employer. Tufts Health Plan Medicare Preferred offers a Part D prescription drug plan. You may/may not receive this option from your employer.

## WE'RE HERE TO HELP

Plan benefit highlights are on the reverse side. For a full description of the benefits, including benefit limitations and exclusions, please ask for an Employer Group Tufts Medicare Preferred Supplement Plan Certificate.

If you have any questions, please call 1-800-936-1902 (TTY 1-800-208-9562). Representatives are available Monday - Friday 8:00 a.m. - 8:00 p.m. (From Oct. 1 - Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day. Or visit our Web site at [tuftsmedicarepreferred.org](http://tuftsmedicarepreferred.org).



This health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance. However, Medicare is a plan that meets MCC standards. Because you have Medicare Part A and Part B, you meet MCC standards.

Tufts Medicare Preferred Supplement plans are offered in accordance with Massachusetts law. Members must have Medicare Parts A and B and reside in Massachusetts to enroll in this plan.

Contact Tufts Health Plan Medicare Preferred for more information. Members must continue to pay Medicare Part B premiums. Please see the Outline of Coverage for full information on covered services — what Medicare pays, what each Tufts Medicare Preferred Supplement plan pays and what you pay.

**2014 Group Retiree:  
Tufts Medicare Preferred  
Supplement Plan**

**TUFTS  Health Plan  
Medicare Preferred**

**INPATIENT CARE**

|  |                 |
|--|-----------------|
| Inpatient general hospital, including Mental Health Care*:<br>Semi-private room and board and special services for Medicare-covered hospital stays up to 90 days per benefit period, an additional 60 lifetime Medicare-covered days and an additional 365 lifetime days after Medicare days are exhausted | Covered in full |
| Skilled Nursing Facility Care<br>Covered up to 100 days per benefit period after 3 day inpatient hospital stay   | \$0 copayment   |
| Mental Health Care* in inpatient Psychiatric Hospital<br>Covered up to 190 day lifetime maximum**  | \$0 copayment   |
| Inpatient Rehabilitation in a rehabilitation or long term acute care, hospital, up to 90 days per benefit period   | Covered in full |

**OUTPATIENT CARE**

|   |   |
|---|---|
| Physician Office Visit                                | \$10 copay  |
| Annual Routine Physical Exam                          | \$0 copay   |
| Annual Routine Hearing Exam                           | \$10 copay  |
| Hearing Aids  | Covered up to \$1,700 once every two years; covers purchase and repair  |
| Routine Vision Exam                                   | \$10 copay once every 24 months; \$150 per year towards eyewear (lenses, frames, and upgrades) or contact lenses but not both |
| Lab and Therapeutic Radiology                         | Covered in full   |
| Diagnostic Radiology (MRI, PET scan, CAT scan, X-ray) | Covered in full   |
| Outpatient Hospital/Ambulatory Care                   | Covered in full   |
| Home Health Care                                      | Covered in full   |
| Durable Medical Equipment & Prosthetics               | Covered in full   |
| Urgent/Emergency                                      | \$10/\$50 copay   |
| Oxygen & Equipment                                    | Covered in full   |
| Ambulance Services                                    | Covered in full   |
| Mental Health   | \$10 copay  |
| Substance Abuse                                       | \$10 copay  |
| Physical, Occupational and Speech Therapy             | \$10 copay  |
| Wig prostheses for cancer and leukemia patients       | Up to \$350 per year  |
| Annual Fitness & Nutritional Counseling benefit       | \$150 per year towards fitness club membership, instructional fitness classes and/or nutritional counseling                   |

\*Includes both Mental Health Care and Substance Abuse Services

\*\*Additional days may be covered under Massachusetts Law after 190 day Medicare lifetime maximum is exhausted.